MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10-706,612	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51							
2							52							
3				2			53							
4				3			54							
5				4			55							
6				4			56							
7				2			57							
8				2			58							
9			1				59							
10							60							
11			1				61							
12							62							
13							63							
14							64							
15							65							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			4				TOTAL IND.							
TOTAL DEP.			18				TOTAL DEP.							
TOTAL CLAIMS		22					TOTAL CLAIMS							